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ABSTRACT

Trichotillomania (hair-pulling) and delicate self-cutting are self-destructive behaviors which utilize the body as a vehicle for self-expression. Like anorexia and bulimia, these behaviors occur primarily in young women. This study compared groups of women college students who engage in these self-destructive behaviors with those who do not. It was hypothesized that the self-destructive women would have lower self-esteem, higher scores on a depression inventory, a greater tendency to repress their anger, and be more likely to engage in other harmful behaviors. Women college students (N=24) completed the State-Trait Anger Expression Inventory, the Texas Social Behavior Inventory, the Beck Depression Inventory, the Body Image Questionnaire and the Eating Disorders Inventory. They also completed a demographic questionnaire, and answered questions relating to eating behaviors and history of sexual abuse. There were no significant differences between the groups on either the state or trait anger inventories or the on self-esteem. As hypothesized, the self-destructive women obtained significantly higher scores on the depression inventory. They also reported significant concerns about their body image. Forty-six percent of the self-destructive women reported that they used drugs, while drug use was reported by only 9 percent of the non-self destructive women. The groups did not differ in their reports of sexual abuse or belief that they had an eating disorder. (LLL)

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Self-Destructive Behavior in Women

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Self-Destructive Behaviors in Women

Trichotillomania (hair-pulling) and delicate self-cutting are self-destructive behaviors which utilize the body as a vehicle for self-expression. Like anorexia and bulimia, these behaviors occur primarily in young women. Little attention has been paid to these behaviors because they are not as common as the eating disorders and often go unreported.

The term trichotillomania was first introduced by Hallopeau in 1889 to label the compulsion to pull out one's own hair. Later the definition was expanded to "a morbid impulse to pull out one's own hair" (Rodolfa, 1986, p. 11). Those afflicted with this disorder experience strong urges to pull out head, eyelash, arm, and pubic hair. They are aware of, and embarrassed by, their impulses, but are unable to stop (DeAngelis, 1989). Reports of the prevalence of trichotillomania range from as rare as seven in 1,368 patients seen at one mental health clinic (Krishnan, Davidson, & Guajardo, 1985) to an estimated eight million Americans (Swedo, Leonard, Rapoport, Lenane, Goldberger, & Cheslow, 1989).

The term "delicate cutting" was suggested by Pao (1969) to differentiate those who make multiple, superficial, delicate, carefully designed incisions from those suicidal patients who make single, deep, coarse cuts close to vital points. The wounds created by delicate cutters are shallow and reflect the maintenance of control (Doctors, 1981). The

incisions are usually made on the wrist, although they may be made in other, less potentially lethal, areas such as the face, breasts, stomach, arms, and legs (Doctors, 1981). The incidence of habitual self-cutting has been estimated at 170 per 100,000 (Favazzo & Conterio, 1988).

The purpose of this study was to compare women college students who engage in these self-destructive behaviors with those who do not. It was hypothesized that the self-destructive women would have lower self-esteem, higher scores on a depression inventory, a greater tendency to repress their anger, and be more likely to engage in other harmful behaviors (e.g., disordered eating, smoking, and drug use.

METHOD

Subjects

Twenty-four women college students volunteered to participate in this study. Some contacted the researchers in response to advertisements placed in the college newspaper; others were solicited from an introductory psychology course. Thirteen of the subjects admitted to regularly pulling out strands of their hair, consciously biting the insides of their mouths, cutting themselves, or scratching themselves until they bled. One woman wrote that she repeatedly clenched her nails into her fists as hard as possible; another said that she banged her head against the wall. These women were labeled self-destructive; the other 11 were not considered self-destructive and served as the control group. The subjects average age was 20 years; most were white and upper-middle to upper-class.

Procedure

All subjects completed the State-Trait Anger Expression Inventory (STAXI; Spielberger, 1979), the Texas Social Behavior Inventory (TSBI; Spence & Helmreich, 1978), the Beck Depression Inventory (BDI; Beck, 1967), the Body Image Questionnaire (BSQ; Cooper, Taylor, Cooper, & Fairburn, 1987), and the Eating Disorders Inventory (EDI; Garner, Olmstead, & Polivy, 1983). They also completed a demographic questionnaire and answered such questions as: "Have you ever been sexually abused?", "Do you smoke?", "Do

you think you have an eating disorder (e.g., Do you binge, purge, fast, etc)?"

Some of the subjects anonymously contacted the experimenters by sending a note to a post office box on campus. The experimenters then mailed the women the set of questionnaires, which were completed in private and returned to the post office box through campus mail. Volunteers from the introductory psychology class picked up questionnaires from an envelope outside the psychology department office and returned the completed questionnaires to the post office box. All subjects were given the phone number of the college counseling center and encouraged to call if they wanted to talk to someone about their self-destructive behaviors.

Results

There were no significant differences between the groups on either the state or trait anger inventories, nor on the "anger in", "anger out", "anger control", or "anger expression" subscales. Nor was there a significant difference on the TSBI, the self-esteem measure.

As hypothesized, the self-destructive women obtained significantly higher scores on the BDI ($\underline{t}(22) = 1.98$, $\underline{p} < .05$). They also reported significantly greater ($\underline{t}(22) = 2.42$, $\underline{p} < .05$) concerns about their body image, as measured by the BSQ.

The self-destructive women scored significantly higher on the perfectionism scale ($t(22) = 1.76$, $p < .05$) of the BDI, but were not significantly different from the controls on the other subscales: drive for thinness, body dissatisfaction, bulimia, ineffectiveness, interpersonal distrust, interoceptive awareness, or maturity fears.

The self-destructive women reported drinking significantly more alcohol than the control group ($\underline{t}(22) = 1.74$, $\underline{p} < .05$). More than half of the self-destructive women smoked, averaging 10 cigarettes per day; only one non-self-destructive woman reported smoking, averaging fewer than five cigarettes per day. Forty-six percent of the self-destructive women reported that they used drugs; only nine percent of the non-self-destructive women reported doing so. The groups did not differ in their reports of sexual abuse or belief that they had an eating disorder.

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Table 1. Means, standard deviations, and *t* values on the State-Trait Anger Expression Inventory for self-destructive (*n*=13) and non-self-destructive (*n*=11) women.

Subscale	SD	NSD	t
State Anger			
M	13.15	10.64	1.61
SD	4.78	2.15	
Trait Anger			
M	20.15	21.70	-.47
SD	5.27	9.90	
Angry Temperment			
M	6.15	6.55	-.41
SD	2.29	2.26	
Angry Reaction			
M	10.31	10.91	-.52
SD	3.04	2.23	
Anger-In			
M	19.92	19.73	-.07
SD	5.94	6.35	
Anger-Out			
M	18.15	17.36	-.42
SD	5.11	3.50	
Anger Control			
M	20.23	21.45	-1.22
SD	3.99	4.62	
Anger Expression			
M	33.85	31.64	1.55
SD	9.42	9.38	

Table 2. Means, standard deviations, and t values on the Texas Social Behavior Inventory (TSBI), the Beck Depression Inventory (BDI), and the Body Shape Questionnaire (BSQ) for the self-destructive (n=13) and non-self-destructive (n=11) women.

Measure	SD	NSD	t
TSBI			
M	36.77	41.18	-1.01
SD	11.43	8.63	
BDI			
M	12.33	6.18	1.98*
SD	8.68	4.90	
BSQ			
M	108.62	91.27	2.42*
SD	32.85	25.73	

* $p < .05$

Table 3. Means, standard deviations, and t values on the Eating Disorders Inventory subscales for the self-destructive (n=13) and non-self-destructive (n=11) women.

Subscale	SD	NSD	t
Drive for Thinness			
M	8.46	4.73	1.60
SD	6.60	3.62	
Bulimia			
M	1.69	2.18	-.48
SD	2.37	2.37	
Body Dissatisfaction			
M	15.92	10.27	1.65
SD	8.88	6.83	
Ineffectiveness			
M	3.00	1.90	.68
SD	4.84	1.79	
Perfectionism			
M	8.69	6.18	1.76*
SD	3.93	2.45	
Interpersonal Distrust			
M	1.85	1.45	.41
SD	2.93	1.16	
Interoceptive Awareness			
M	2.46	3.82	1.20
SD	3.05	4.13	
Maturity Fears			
M	1.54	3.27	-1.40
SD	2.02	3.67	

* $p < .05$